

Department of Public Works

ROOM 24, MEMORIAL BUILDING * ATHOL, MASSACHUSETTS 01331



Phone (978) 721-8448

Superintendent
RICHARD P. KILHART

**TOWN OF ATHOL
MASSACHUSETTS**

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: _____

POSITION APPLYING FOR: _____ PAY EXPECTED: _____

DATE AVAILABLE: _____ CHECK: _____ PERMANENT _____ PART TIME
_____ TEMPORARY _____ FULL TIME
_____ SEASONAL

CLERICAL POSITION APPLICANTS ONLY

TYPING ABILITY: _____ YES _____ NO _____ WPM

COMPUTER KNOWLEDGE: _____ YES _____ NO

PROGRAMS YOU USE:

TEST INFORMATION

PERSONNEL USE ONLY

INTERVIEWED BY: _____ DATE: _____
STARTING DATE: _____ STARTING WAGE: _____
JOB TITLE: _____ DEPARTMENT: _____
PHYSICAL EXAMINATION APPOINTMENT: _____
DRUG & ALCOHOL TEST DATE: _____

~~~~~AN EQUAL OPPORTUNITY EMPLOYER/AFFIRMATIVE ACTION EMPLOYER~~~~~

EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED: 8 9 10 11 12 GED COLLEGE: 1 2 3 4

| TYPES OF SCHOOL  | NAME & ADDRESS OF SCHOOL | DEGREE OR CERTIFICATE | MAJOR |
|------------------|--------------------------|-----------------------|-------|
| HIGH SCHOOL      |                          |                       |       |
| COLLEGE          |                          |                       |       |
| COLLEGE          |                          |                       |       |
| TECHNICAL SCHOOL |                          |                       |       |

List any correspondence courses, special courses, seminars, workshops, training and skills acquired that might relate to this position. Please review the job description before answering this question.

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## EMPLOYMENT HISTORY

List below all present and past employment. Begin with the most recent. May we contact the employers listed?  
\_\_\_\_\_ If not, indicate by number which one(s) you do not wish us to contact. \_\_\_\_\_

1. Company Name and Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ Wages Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
\_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_

2. Company Name and Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ Wages Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
\_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_

3. Company Name and Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_ Wages Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
\_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_

LIST REFERENCES (name and phone number):

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Are you under the age of 18? \_\_\_\_ yes \_\_\_\_ no If yes, hire is subject to verification that you are of minimum legal age to work.

Are you a citizen of the United States? \_\_\_\_ yes \_\_\_\_ no Type of Visa \_\_\_\_\_

Do you have a CDL driver's license? \_\_\_\_ yes \_\_\_\_ no What Class? \_\_\_\_\_

Has your license ever been revoked? \_\_\_\_ yes \_\_\_\_ no

Do you have a Hoisters License? \_\_\_\_ yes \_\_\_\_ no What Class? \_\_\_\_\_

Do you have any additional Licenses? Please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Military Service? \_\_\_\_ yes \_\_\_\_ no Branch \_\_\_\_\_

Reserve Status \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

**READ CAREFULLY AND SIGN**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

I understand that to qualify for permanent employment, I must submit to and pass a physical examination by a Town designated doctor. I also agree that in the event the Town shall employ me, I will submit to further physical examination, a Cori check and Drug and Alcohol Testing when requested by the Town.

I also understand that if accepted for employment, a six-month probationary period applies before transferring to permanent status.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

[illegible]

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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